

Exhibit 3

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

ABO STAFFING SERVICES, INC.,
a Michigan corporation,

Plaintiff,

v

UNITEDHEALTHCARE INSURANCE
COMPANY, a Connecticut corporation,

Defendant.

Case No. 2:22-cv-11696
Hon. Judge Linda Parker

**AFFIDAVIT OF
CLINTON
ANDERSON**

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VANDEVEER GARZIA P.C.

AFFIDAVIT OF CLINTON ANDERSON

COUNTY OF Tarrant)
STATE OF TEXAS)SS
)

I, CLINTON ANDERSON, having been duly sworn, do hereby declare under penalty of perjury that I can testify truthfully and competently, with personal knowledge, to the following facts:

1. I am the President of National Specialty Practice for Hub International Midwest Limited ("HUB"), which is an insurance broker.
2. In January 2019, my team was responsible for the process to procure a group health insurance plan on behalf of ABO PREFERRED PERSONNEL SERVICES,

INC., now known as ABO STAFFING SERVICES, INC.

3. My team member, Ms. Maureen Farrell, a Senior Account Manager for HUB, was responsible for preparing and submitting the group Application to United Healthcare Insurance Company (UHC).

4. Attached as **Exhibit A** to this Affidavit is the Application submitted to UHC, dated January 14, 2019.

5. As a result of the ongoing litigation between ABO STAFFING SERVICES, INC. and UHC in the captioned matter, I had the opportunity to revisit the file in this matter.

6. In my review of the file and my discussions with my team members, it is my understanding that although the Application indicates that another member of my team, Ms. Karen Baustian, also a Senior Account Manager for HUB, signed the Application, the Application was prepared and submitted by Ms. Farrell.

7. Ms. Farrell was also responsible for processing any renewal of the group policy, including responding to any inquiries from UHC during the renewal process.

8. I reviewed the HUB Account Management file and the group Application submitted to UHC was not signed by a representative of ABO PREFERRED PERSONNEL SERVICES, INC., now known as ABO STAFFING SERVICES, INC.

9. HUB was not and is not compensated by ABO PREFERRED PERSONNEL SERVICES, INC., now known as ABO STAFFING SERVICES, INC., related to the procurement or renewal of group health insurance from UHC.

10. HUB is solely and exclusively compensated by UHC for the procurement and renewals of a group health insurance plan on behalf of ABO PREFERRED PERSONNEL SERVICES, INC., now known as ABO STAFFING SERVICES, INC.

VANDEVEER GARZIA P.C.

11. As a result of the ongoing litigation between ABO STAFFING SERVICES, INC. and UHC in the captioned matter, I had the opportunity to revisit the original Application process in this matter.

12. The Application, dated January 14, 2019, attached as **Exhibit A** to this Affidavit is the only Application in the file of HUB related to this matter.

13. Following the filing of the captioned matter, I was contacted by Mr. Michael Morris, UHC's Executive Director for Sales and Account Management, who requested a copy of the original Application.

14. I provided the Application, dated January 14, 2019, attached as **Exhibit A** to Mr. Morris.

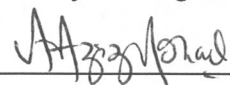
15. I am aware that UHC has submitted a document in this matter which is dated January 17, 2019 and which UHC purports to be the original Application submitted to UHC by Hub International.

16. In my review of the HUB Account Management file, the only Application I observed in the file was the Application dated January 14, 2019, attached as **Exhibit A** to this Affidavit.

Further, Affiant sayeth not.


Clinton Anderson

Subscribed and sworn to before me
this 22nd day of August, 2022.


_____, Notary Public
Tarrant County, Texas
Acting in Tarrant County
My Commission Expires: 10.24.2022

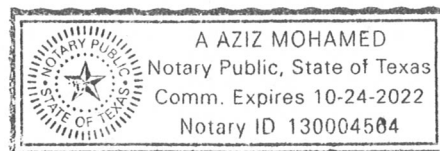


Exhibit A

Employer Information

Employer Demographics

Requested Effective Date

01/01/2019

Company Information**Group's Legal Name**

ABO PREFERRED PERSONNEL SVCS

Group Name to appear on ID card

ABO PREFERRED PERSONNEL SVCS

Tax ID

475445198

Street Address

13900 LAKESIDE CIRCLE SUITE 200

City**State****ZIP Code**

STERLING HEIGHTS MI 48313

Contact Person**First Name Last Name**

JOANN JONES

Email Address

JJONES@ABOPEO.COM

Telephone Ext

586-580-0636 - -

Is the billing address the same as the primary?

Yes

Organization Type

C-Corp

of Years in Business

Greater than one year

Did you have any employees other than yourself and your spouse during the preceding calendar year?

Yes

Waiting period waived for initial enrollees?

Yes

Do you Have Workers' Comp coverage?

Yes

Waiting Period for new hires (Waiting Period cannot exceed 90 days.)**Medical, Dental, Vision, and/or Basic Life**

1st of Policy Month following 60 Days of employment.

Employer Contribution(s)

Selected Plans	Contribution Type	Contribution Amounts By	Employer Contribution
Medical			
Medical Plans		Percent(%)	100

Eligibility Requirements

Eligibility Question

Number of eligible employees

4

Number of hours per week to be eligible:

30

General Information

General Information

Subject to ERISA?

Yes

Do you continue medical coverage during a leave of absence (not including state continuation or COBRA coverage)?

Yes, we continue medical coverage during an approved leave of absence for full time* employees.

Would you like eBilling?

No

Medical Benefit Plan Option

Calendar Year

Domestic Partner Coverage

No

Consumer Driven Health Plan Options

Do you currently offer or intend to offer a Health Reimbursement Account (HRA) plan and/or comprehensive supplemental insurance policy or funding arrangement in addition to this UnitedHealthcare medical plan?

Answers must be accurate whether purchased from UnitedHealthcare or any other insurer or third party administrator.

HRA

No

HRA plans administered by other insurers or third party administrators must comply with UnitedHealthcare HRA design standards.

Health Savings Account: Which bank will be used?

None

Questions Regarding Group Size

Under federal law, if your group had 20 or more employees on your payroll on at least 50% of the group's working days during a calendar year, you must provide employees with COBRA continuation effective January 1 of the next calendar year. If your group had fewer than 20 employees during a calendar year, you must provide State Continuation effective January 1 of the next calendar year.

N/A

Which primary option do you have?

Plan Primary

Enter the Prior Calendar Year Average Total Number of Employees

4

Under Health Care Reform law, the number of employees means the average number of employees employed by the company during the preceding calendar year. An employee is

typically any person for which the company issues a W-2, regardless of full-time, part-time or seasonal status or whether or not they have medical coverage.

To calculate the annual average, add all the monthly employee totals together, then divide by the number of months you were in business last year (usually 12 months). When calculating the average, consider all months of the previous calendar year regardless of whether you had coverage with us, had coverage with a previous carrier or were in business but did not offer coverage. Use the number of employees at the end of the month as the "monthly value" to calculate the year average. If you are a newly formed business, calculate your prior year average using only those months that you were in business. Use whole numbers only (no decimals, fractions or ranges).

Enter the Prior Calendar Year Full Time Equivalent Total Number of Employees

4

For purposes of determining your number of full-time equivalent employee count, the number of employees means the average number of employees employed full-time (at least 30 hours/week in any given month), by the company on business days during the preceding calendar year. In addition to the number of full-time employees noted above, for any month otherwise determined, include for such month the number of full-time employees divided by the aggregate number of hours of service of all employees who are not full-time employees for the month by 120. Employers should exclude employees who were seasonal workers who worked 120 days or fewer in the preceding calendar year.

Do you currently utilize the services of a Professional Employer Organization (PEO) or Employee Leasing Company (ELC), Staff Leasing Company, HR Outsourcing Organization (HRO), or Administrative Services Organization (ASO)?

Yes

Is your group a Professional Employer Organization (PEO) or Employee Leasing Company (ELC), or other such entity that is a co-employer with your client(s) or client-site employee(s)?

No

Does your group sponsor a plan that covers employees of more than one employer?

No

Current Carrier Information

Coverage Information

Carrier Name

OTHER

LUCENT HEALTH

Coverage Begin Date:

01/01/2018

Coverage End Date:

12/31/2018

Producer Information

Producer Name

First MI Last Suffix

LERONE - - SIDBERRY - -

Producer SSN Producer License #

LA-1454293

Commission Payable To

HUB INTERNATIONAL MIDWEST LIMITED

Street Address

Address Line 1 **City** **State** **ZIP Code**
55 E JACKSON BLVD CHICAGO IL 60604

Producer Phone Number
(312)922-5000

Producer Email Address **Communication Email Address**
HUBEBMWW@HUBINTERNATIONAL.COM MAUREEN.FARRELL@HUBINTERNATIONAL.COM

Commission %
100

Writing Producer



Signature on Behalf of Employer

☒ **I agree with the above terms and conditions.**

☒ **I agree that I have received and retained a record of the employer's completed application form which includes the employer's signature and date.**

Today's Date
01/14/2019

First Name **MI** **Last Name**
Karen - - Baustian

Confirm Signature
First Name **MI** **Last Name**
Karen - - Baustian